APPLICATION FOR DEMOLITION PERMIT



CITY OF W	ARREN					
NO						
		1.	Property Info	ormation		
Date	St. Address					
Parcel Number	2	Zoning District	Parcel type	□ Residential□ Commercial	□ Indus □ Other	
		2	. Owner Infor	rmation		
First Name		Last Name or I	st Name or Business Name		Phone Number	
St. Address			City		State	Zip
Name of Contractor			3. Contractor Information St. Address		City, State, Zip	
		I		I		
		4.	Demolition R	equirements		
			shall notify the f sewer lateral.	City of Warren D	Department	of Public Works for
docum	nentation of as	bestos abatem	ent as required		r to the issu	ance of this permit.
Unifor	m Construction	on Code.		ain all required sa	_	•
,	emolition cont ation purpose		tify the Buildir	ng Code Departm	ent of proje	ect completion for

Asbestos abatement documentation attached ______ Not required _____

5. Certification

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I also certify that the work will be done per City specifications.

ADDRESS	PHONE NO.
OV TITLE	PHONE NO
	ADDRESS